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New York

President: Mr. D'Escoto Brockmann ..... (Nicaragua)

The meeting was called to order at 10.10 a.m.

Tribute to the memory of His Excellency El Hadj Omar Bongo Ondimba, President of the Gabonese Republic

The President (*spoke in Spanish*): It is my sad duty to pay tribute to the memory of the late President of the Gabonese Republic, His Excellency El Hadj Omar Bongo Ondimba, who passed away on Monday, 8 June 2009.

On behalf of the General Assembly, I request the representative of Gabon to convey our condolences to the Government and the people of Gabon and to the bereaved family of His Excellency El Hadj Omar Bongo Ondimba.

I now invite representatives to stand and observe a minute of silence in tribute to the memory of His Excellency El Hadj Omar Bongo Ondimba.

The members of the General Assembly observed a minute of silence.

The President (*spoke in Spanish*): I now give the floor to the Secretary-General, His Excellency Mr. Ban Ki-moon.

The Secretary-General: I join the Government and people of Gabon in mourning His Excellency President El Hadj Omar Bongo Ondimba. I worked with President Bongo on a number of conflict situations in Africa. I wish to recall in particular the important role played by the late President in attempts to resolve crises in the Central African Republic, Chad, the Republic of the Congo, Burundi and the Democratic Republic of the Congo.

I also recall with great appreciation the contributions that he made to the establishment of the Central African Economic and Monetary Community, which has been a force for stability in the subregion. I am also grateful for his enduring commitment to the United Nations and his efforts to strengthen cooperation between the Organization and the African Union and Central Africa's subregional organizations.

President Bongo's understanding of the many complex and delicate challenges that we face proved consistently useful to all of us involved in conflict prevention, peacemaking, peacekeeping and peace consolidation in Africa.

I offer my sincere condolences to the President's family, as well as to the Government and the people of Gabon at this time of sadness and loss.

The President (*spoke in Spanish*): I now give the floor to the representative of Swaziland, who will speak on behalf of the Group of African States.

Mr. Nhleko (Swaziland): On behalf of the Group of African States and the people of Africa and on my own behalf, I stand here today to express our heartfelt condolences to the Government and the people of the Gabonese Republic on the sad loss of an eminent African leader, President El Hadj Omar Bongo Ondimba. The same condolences go to his family, and I would like to assure them that they are not alone in this darkest hour.

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The life of President Bongo has to be celebrated, for it was eventful and fruitful. He has left behind a legacy that will linger for many years to come. The simple truth is that he made a difference at home and abroad. He sought to improve the lives of the ordinary Gabonese in an unassuming way. The economic advancement and infrastructural development of Gabon are owed to the astuteness of President Bongo.

He is one leader who succeeded in keeping Gabon peaceful in a sea of wars and sporadic conflicts. That is not an easy task to achieve. Few can forget his unrelenting efforts as a mediator and peacemaker in African conflicts. The people of Central Africa can marvel at his steadfastness in resolving internal conflicts that have marred the countries there. His active participation in solving the political crises in the neighbouring Central African Republic, Congo-Brazzaville and the Democratic Republic of the Congo will forever be engraved on our minds. It reveals a man who juggled his responsibilities well. A man as thoughtful as the President has left behind a country that strove in peace in his time and will continue to do so in the future.

President Bongo Ondimba's environmental efforts in Gabon also deserve affirmative acclaim. A man who described himself as an ecologist by birthright, he orchestrated a reforestation policy, with the protection of animal and plant species at the core of his priorities. Having earmarked 13 national parks for the country and willing to go further, he was a man who strove to strike a good balance between humankind and our mother Earth. It goes without saying that he was in sync with international initiatives from nature conservation to the broader international agenda. That confirmed his firm belief in the Kyoto Protocol, which he described as important to human existence.

It is, as it were, not only a loss for his family and his country, but it is also an incalculable loss for the African continent. His contribution to the African cause was tremendous. Gabon was able to sacrifice and contribute positively to the wider African good, mostly through the African Union. Having said that, Africa has lost a father and dean of presidents, whose experience and diplomatic skills will be sorely missed. May his soul rest in peace.

The President (*spoke in Spanish*): I now call on the Permanent Representative of the United Arab Emirates, who will speak on behalf of the Group of Asian States.

Mr. Al-Jarman (United Arab Emirates) (*spoke in Arabic*): As Chairman of the Group of Asian States, I would like to extend my thanks to the President of the General Assembly for organizing this special meeting to pay tribute to His Excellency President Omar Bongo Ondimba, late President of Gabon, who died on 8 June 2009.

On behalf of the Asian Group, I wish to express our deepest condolences to the Government and the people of the friendly country of Gabon on the death of their President, who was called the dean of African presidents. For more than four decades, he dedicated his life to continuously serving the causes of his country and his people and to building peace and stability in his country. He undertook mediation and other initiatives to try to contain many of the emerging crises throughout the African continent.

In expressing our support for all of the efforts undertaken by the people of Gabon, we wish to emphasize our full solidarity with them as they face this difficult and sad time. We wish them all success in consolidating constitutionality and democracy in their country and stability and future prosperity. The Group of Asian States extends its deepest condolences to them.

The President (*spoke in Spanish*): I now call on the Permanent Representative of the former Yugoslav Republic of Macedonia, who will speak on behalf of the Group of Eastern European States.

Mr. Tašovski (the former Yugoslav Republic of Macedonia): It is my sad duty to address the Assembly in my capacity as the Chairman of the Group of Eastern European States on the occasion of the death of His Excellency El Hadj Omar Bongo Ondimba, President of the Gabonese Republic. With deep sorrow on behalf of the Group, I would like to convey our sincere condolences to the family and friends of the late President and to the people and Government of the Gabonese Republic.

At the same time, on behalf of the Group of Eastern European States, I would like to pay tribute to President Bongo Ondimba as a great statesman who served his country well for more than forty years. As one of the longest serving heads of State in the world,

we pay tribute to him for his outstanding leadership, personal qualities, wisdom and experience.

As President of the Gabonese Republic from 1967 until his death, President Bongo Ondimba had many achievements and contributions. He will always be remembered as the President who brought peace and stability to the country and whose tireless efforts, steely determination and guidance contributed to the welfare of his nation and country. He was a President who served his noble nation with pride and without fear of outstanding challenges. The entire nation has lost a great man of strong vision and leadership.

Today, as we mourn his death and share the sadness of the friendly nation of Gabon, the late President will not only be remembered as the great statesman and leader from an African country, but as one of the most prominent and dominating figures in the political life of the Gabonese Republic and in the African region. Africa has lost one of its great leaders and we pay tribute to President Bongo Ondimba for serving his people with dignity and honour.

Allow me to call on the Permanent Mission of the Gabonese Republic to transmit, on behalf of the Group of Eastern European States, sincere condolences to the family of the late President and the people and Government of the Gabonese Republic. We are convinced that the people of Gabon have the strength and resilience to persist on the path of peace and progress and to continue his legacy.

The President (*spoke in Spanish*): I now call on the Permanent Representative of El Salvador, who will speak on behalf of the Group of Latin American and Caribbean States.

Mrs. Gallardo Hernández (El Salvador) (*spoke in Spanish*): Allow me, on behalf of the Latin American and Caribbean Group, to pay tribute today to the memory of His Excellency Mr. Omar Bongo Ondimba, President of the Gabonese Republic. I wish also to convey our most sincere condolences to the family of President Bongo, to the Government and the people of Gabon and to the whole African nation on this deeply felt loss. The Latin American and Caribbean Group joins in extending solidarity to the African Group in order to pay heartfelt tribute this morning to a remarkable leader who succeeded in transcending his national borders and played an active and decisive role in the quest for peace and stability, not only in the Central African region, but also in other parts of the continent.

The Latin American and Caribbean Group recognizes that the unquestioned contributions of President Bongo to the prosperity, peace and stability of his people and of the region are in harmony with the purposes and principles of the United Nations Charter. For that reason, the Latin American and Caribbean Group wishes today to pay this simple but sincere posthumous tribute to his memory. President Omar Bongo Ondimba, may you rest in peace.

The President (*spoke in Spanish*): I now call on the Permanent Representative of Norway, who will speak on behalf of the Group of Western European and other States.

Mr. Wetland (Norway): I have the honour to speak on behalf of the members of the Group of Western European and other States.

It is with sorrow that we mourn the passing of His Excellency Mr. Omar Bongo, late President of the Gabonese Republic. I should like to convey our deepest condolences to the Government and the people of Gabon, and to the family of the late President. At this difficult time, our thoughts are with the people of Gabon, whom the President served with commitment and with honour.

President Bongo was a charismatic leader whose contribution to the economic development of Africa will be long remembered. He worked tirelessly on a number of mediations in the region and made a great contribution to the standing of Gabon in the world, as can be attested by all the members of our Group.

We all hope that the Government and the people of Gabon will overcome this moment and continue to make progress towards the further prosperity of their country.

The President (*spoke in Spanish*): I now give the floor to the representative of the United States of America, who will speak in her capacity as representative of the host country.

Ms. DiCarlo (United States of America): In sadness we mourn today the passing of His Excellency Omar Bongo Ondimba. The United States expresses its sincere condolences to the family of the late President and to the people and Government of the Gabonese

Republic. Our thoughts and prayers are with them at this difficult moment.

Africa has lost a leader who was dedicated to the cause of national and regional peace. Over a long career extending four decades, President Bongo used his influence to help resolve conflict throughout the continent of Africa. He consistently emphasized the importance of seeking compromise and made protecting the national treasures of Gabon a priority. His work in conservation is an important part of his legacy.

President Bongo played a key role in developing and shaping the strong bilateral relationship that exists between Gabon and the United States. His many accomplishments will be remembered with respect. May the soul of the late President rest in peace.

The President (*spoke in Spanish*): I now give the floor to the representative of Bahrain, who will speak on behalf of the Group of Arab States.

Mr. Almansoor (Bahrain) (*spoke in Arabic*): Mr. President, I should like to thank you most warmly for having convened this special tribute to the memory of the late Omar Bongo, President of the Gabonese Republic.

On behalf of the Group of Arab States, I should like to extend to our friends, the Government and the people of Gabon, as well as to the Group of African States, our most heartfelt condolences on the passing of President Bongo.

The President devoted his life to the service and development of his country and the restoration of cordial, cooperative and friendly relations not only with African States but with most States of the world. He was a friend to all. He was called the dean of African presidents. He was often turned to for his great wisdom and wealth of experience in international relations. He made a personal contribution to deepening Gabon's bilateral relationships.

The late President played a leading role in the resolution of conflicts which devastated the African continent — disputes among countries and civil conflicts whose resolution required the aid and assistance of men of good faith and dedication, such as President Bongo. The mediation efforts of President Bongo were aimed at reconciliation and bringing peace to these areas of conflict and hotbeds of tension. He also served the causes of justice, rights and law beyond the boundaries of the African continent, in particular in the context of the Palestinian question.

President Bongo will forever be remembered by the people of Gabon, by Muslim and African countries and by leaders around the world. In paying tribute to the memory of the late President, the Group of Arab States should like to voice its hopes for the prosperity of the friendly Gabonese people and to wish every success to the next President of Gabon.

The President (*spoke in Spanish*): I now give the floor to the representative of the Gabonese Republic.

Mr. Onanga M. Ndiaye (Gabon) (*spoke in French*): At this time of deep mourning for the people of Gabon and for all of Africa, we wish to express our profound gratitude to the representatives of the various regional groups and to the Member States who have taken the floor during this plenary meeting to pay such a vibrant tribute to the late President El Hadj Omar Bongo Ondimba.

We should also like to thank you, Mr. President, as well as the Secretary-General, the Deputy Secretary-General and the numerous representatives of States and international organizations, for their friendship, sympathy, compassion and solidarity towards the people and the Government of Gabon since the passing of President El Hadj Omar Bongo Ondimba.

As the Assembly is aware, the late President devoted his political life not only to the development of our beloved Gabon, but also to the causes of peace and security in Africa. Indeed, his role in seeking resolution to numerous crisis and conflict situations on the continent is unanimously acknowledged, as many speakers have justly recalled today. His vision of dialogue and peace will continue to guide the diplomacy of the Gabonese Republic.

As we enter a period of transition, Gabon intends to uphold a scrupulous respect for constitutional legality — the rule of law, the promotion and protection of human rights and fundamental freedoms — in order to preserve the national peace and unity that were so dear to the late President El Hadj Omar Bongo Ondimba.

I cannot conclude my remarks without thanking you, Mr. President, for having organized this tribute to our late President.

Agenda item 41

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/63/812)

Notes by the Secretary-General (A/63/152 and Add.1)

Draft decision (A/63/L.73)

The President (*spoke in Spanish*): On behalf of the General Assembly, I would like to thank the Secretary-General for his report (A/63/812) on the progress made and the challenges remaining in the global response against AIDS. We are encouraged by the good news. Financial resources to combat HIV increased in 2008. We also continue to make progress in providing HIV treatment for people who until recently lacked access to it. More sero-positive pregnant women are using services to prevent the transmission of the virus to their babies. More children than ever are receiving treatment.

Nevertheless, we should recall that in 2006 the General Assembly pledged to achieve universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010. The deadline that we set for ourselves is now only 18 months away. Will we be able to meet it?

The latest information and research reveal our shortcomings as a global community. There are 29 million people throughout the world who need and still lack HIV medications. Roughly two out of three HIV-positive pregnant women do not receive services to prevent mother-to-child transmission. The rate of new HIV infections is greater than that of the expansion of access to treatment.

Some aspects of the global response to AIDS are of special concern. We are thinking of our afflicted brothers and sisters in Africa. That continent alone is home to 22 million people living with HIV. In 2007, three out of four AIDS deaths worldwide occurred in Africa.

We have begun to build the systems that are needed to sustain HIV treatment and prevention services over the next generation. It should be emphasized, however, that we have only just begun. In the absence of a cure, we must enhance treatment and, what is more difficult, prevention campaigns. However, the effectiveness of our efforts will ultimately depend upon promoting justice and care in our societies through policies and programmes that empower the most vulnerable people. We face an enormous challenge but, with commitment and determination, we can rise to it. We know that that is also a moral and ethical imperative.

Unfortunately, the history of AIDS illustrates our failure to serve and protect the most vulnerable. Currently, women make up 60 per cent of all people living with HIV in Africa. The right of women to own or inherit property is still unrecognized in many parts of the world, condemning many women affected by AIDS to destitution or worse. Many women and girls continue to be subject to gender-based violence, increasing their risk of and vulnerability to contracting HIV. We cannot fail women in our response to AIDS.

We must also do more for our children. An estimated 370,000 children under the age of 15 became infected with HIV in 2007. HIV-infected children are less likely than HIV-positive adults to receive life-saving therapies. Approximately 15 million children have lost one or both parents to AIDS, but fewer than one in six households in which those orphans live received any form of assistance in 2007.

Unfortunately, in many countries there are still laws that hinder access to critical life-saving services for the groups most at risk for HIV, such as men who have sex with men, drug users and sex workers. Such laws contribute to the stigma and discrimination that violate the dignity and human rights of those most in need of our understanding and solidarity.

The global community's pledge to achieve universal access by the end of next year is an encouraging expression of global solidarity with the individuals, households and communities that are suffering most from the effects of this disease. The question today is whether we will keep the promises we have made.

People living with HIV/AIDS are now at greater risk as a result of the global financial and economic crisis that is affecting all the world's economies. I fear that that crisis is forcing many Governments to resign themselves to cutting programmes and lowering expectations. Inevitably, people are questioning the feasibility of our ambitious global goals during a time of economic crisis. The recently declared H1N1 flu pandemic adds a new level of complexity and further

tests our collective will. But it is precisely when times are difficult that our true values and the sincerity of our commitment are most clearly evident.

Even as many countries are indicating their intention of reducing funding for AIDS programmes, we must remind Governments and the international community that the world has the resources to mount the kind of AIDS response to which we have committed. If we allow cutbacks now, we will face even higher costs and greater human suffering in the future.

As the Joint United Nations Programme on HIV/AIDS recently reminded us, the funds needed to achieve universal access represent a miniscule fraction of the sums that have been spent this year on economic stimulus measures. We continue to tolerate an obscene increase in arms expenditures, which last year totalled almost $1.5 trillion globally, an increase of 45 per cent since 1999. By contrast, for countries to reach the specific AIDS targets they have set, an investment of only $25 billion will be required in 2010, which is only $11.3 billion more than are available today.

As decisions are made in the coming months on budgetary and policy priorities at the global and national levels, it is my fervent hope that we will keep in mind the enormous human dimensions of the AIDS epidemic and its important consequences for development. Our investments today to ensure universal access will yield dividends for generations to come. It will help improve maternal and child health, promote empowerment of women and reduce poverty.

As we move closer to our goal of universal access by 2010, and as the deadline for the Millennium Development Goals is just around the corner, let us renew our resolve to put people first in the decisions we make. The goal of universal access is a goal that can be achieved. For the sake of humanity — our humanity — it is a goal that we must achieve.

I now give the floor to the Secretary-General.

The Secretary-General: This meeting comes during an intense period for global health, a top priority. Yesterday, we convened a forum on advancing global health in the face of a crisis. I thank many of those here for being part of that effort.

Last month in Geneva, I met once again with members of the United Nations System HIV-Positive Staff Group. They were mothers and fathers, brothers and sisters, colleagues and friends, living and working with dignity and facing adversity with courage. I heard stories of hope and resolve. I said something I tell people everywhere: HIV is not about "us versus them". It is about everyone. There is no "them", only us, together.

That meeting was a reminder of what brings us here today: the stories, struggles, real lives, difficulties and triumphs of women and men the world over. That is the essence of my report before the Assembly (A/63/812). It provides an update on developments in the AIDS response and looks forward to the challenges ahead.

Three years ago, leaders gathered here to forge a landmark commitment. They pledged their determination to achieve the goal of universal access to comprehensive HIV prevention services, treatment, care and support by 2010. We are seeing encouraging progress in that global effort. I would like to point to four promising areas.

First, on commitment, more than 110 countries have established clear national targets for universal access. Many countries are making headway towards these targets, and in some cases have already reached them.

Secondly, on prevention, in the 14 African countries surveyed we have seen a decrease in the percentage of young pregnant women living with HIV. Nine countries have achieved the 25 per cent reduction in HIV prevalence called for in the 2001 Declaration of Commitment on HIV/AIDS.

Thirdly, on treatment, over a period of just five years there has been a tenfold increase in the provision of antiretroviral drugs to those in need. That has contributed to the first decline in the number of annual AIDS deaths since the epidemic was first recognized nearly 30 years ago.

Fourthly, on resources, financing for HIV programmes in low- and middle-income countries has continued to increase, reaching $13.7 billion in 2008. Building on the momentum, the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria have started leveraging AIDS funding to strengthen health systems in some of the neediest places. This shows what global solidarity, cooperation and commitment can achieve.

Yet there are still nearly five new infections for every two people put on treatment. Now is not the time to falter. The economic crisis should not be an excuse to abandon commitments — it should be an impetus to make the right investments that will yield benefits for generations to come.

A vigorous and effective response to the AIDS epidemic is integrally linked to meeting global commitments to reducing poverty, preventing hunger, lowering childhood mortality and protecting the health and well-being of women. But to achieve the goal of universal access, barriers to progress need to be overcome, not just in battling the disease, but also in confronting obstacles that society puts in the way.

The fight against AIDS also requires us to attack diseases of the human spirit — prejudice, discrimination and stigma. The most recent estimates show that about one third of this Organization's Member States still have no law in place to prohibit HIV-related discrimination. In many countries where such laws exist, they are inadequately enforced.

At the same time, legal frameworks institutionalize discrimination against groups most at risk and against vulnerable populations. In recent years, a growing number of countries have taken steps to criminalize HIV transmission. In theory, that has been done to prevent the spread of infection. In practice, it has done the opposite, reducing the effectiveness of HIV prevention efforts by reinforcing the stigma. Such measures send the message that people living with HIV are a danger to society. We must instead encourage tolerance, compassion and inclusion. I call on all Governments to review their legal frameworks to ensure compliance with the human rights principles on which a sound AIDS response is based. That is not solely a medical or scientific challenge. It is a moral challenge, too.

Let us find the wisdom and courage for bold action on all those fronts. That is the only way to address this challenge in all its complexity and breadth.

The President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Aaron Motsoaledi, Minister of Health of South Africa, who will also speak on behalf of the Southern African Development Community.

Mr. Motsoaledi (South Africa): I have the honour to speak on behalf of the member States of the Southern African Development Community (SADC): Angola, Botswana, the Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Swaziland, Seychelles, the United Republic of Tanzania, Zambia, Zimbabwe and my own country, South Africa. We, too, wish to join in paying homage to the people of Gabon on the passing of President El Hadj Omar Bongo Ondimba. We stand with them at this moment of grief.

SADC aligns itself with the statement to be made by the representative of Swaziland on behalf of the Group of African States. We thank the Secretary-General for his report, entitled "Progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS", contained in document A/63/812. SADC wishes to support the Secretary-General's recommendations for accelerating progress towards universal access, and we reaffirm our commitment to moving towards universal access to HIV/AIDS prevention, treatment, care and support by 2010.

Sub-Saharan Africa, particularly the SADC region, carries the heaviest burden of HIV and AIDS in the world. While underdevelopment, poverty, various forms of inequality and other structural determinants of disease make many people in the region vulnerable to HIV and AIDS, this pandemic poses a major barrier to the attainment of our overarching objectives of sustainable and equitable economic growth and social and economic development towards poverty eradication. That vicious cycle has the potential to undermine regional efforts to attain many of the internationally agreed development goals, including the Millennium Development Goals.

In recognition of the need to combat the pandemic, SADC members States have continued to implement regional and internationally agreed commitments on HIV and AIDS, with the 2001 Declaration of Commitment on HIV/AIDS, the 2003 Declaration of SADC Heads of State on HIV and AIDS and the 2006 Political Declaration on HIV/AIDS being the reference points for regional activities.

SADC member States have continued to work together to develop and implement common strategies and programmes to address HIV and AIDS. Those programmes and strategies are informed by and respond to epidemiological information available on

the magnitude, nature and dynamics of the epidemic in the region. The responses of individual countries and, indeed, at the district and local levels are in most cases tailored appropriately. We welcome the technical support provided by United Nations agencies on helping us in getting to know and understand our epidemics better.

In line with our commitment to the implementation of those global commitments, most SADC member States have developed national strategic plans, policies and programmes aimed at preventing the spread of HIV, mitigating its impact and providing care and support to those living with and affected by HIV and AIDS. In some member States, policies and legal frameworks have been amended to address issues relating to stigma and discrimination. In some instances, there are laws to support the compulsory testing of sexual offenders, and discussions are under way to address issues of marginalized groups.

SADC has developed an HIV and AIDS database as a platform for sharing information and a tool to empower member States to manage research entries in their own countries. A common research agenda for the region has also been developed. On behalf of SADC, I wish to mention that research priorities include research on basic science, vaccine and microbicide development, and on operational research. It is our position that even though much has been done, with some encouraging outcomes to date, more robust prevention methods are needed in order to turn the tide against the epidemic in the region. SADC thus wishes to underscore the importance of international cooperation, in particular technical assistance, as well as access to research funding, to enable member States to build research capacity and carry out further research to develop an effective vaccine to better understand the drivers of the epidemic in order to substantially increase the magnitude of the emerging positive outcomes towards an AIDS-free SADC.

The progress being made in preventing HIV infection among youth, with some member States reporting HIV prevalence rates among young people, is encouraging. In most countries, there is convincing evidence to suggest that the epidemic is stabilizing. Behavioural studies undertaken in some member States indicate increased condom usage. However, the provision of condoms for the prevention of HIV remains below that required. The availability of voluntary HIV counselling, testing and antiretroviral therapy treatment is being scaled up throughout the region, but still remains far below that required to meet the estimated need. With the assistance of the Regional Office for Africa of the World Health Organization, the region is working on the best approach to translate the research findings on the effectiveness of male circumcision as an HIV-prevention tool into policy and programmes. SADC countries are at different stages of that process.

SADC is thus encouraged by the increased availability of funding for HIV and AIDS activities, and we are fully supportive of the Secretary-General's call to increase annual funding to $25 billion by 2010 in order to achieve national targets for universal coverage. We wish to appeal to the donor community to ensure the predictability of funding and that funding should be consistent with national priorities and programmes.

Addressing the needs of vulnerable groups should be part of the national response to HIV and AIDS prevention, care, treatment and support. SADC is concerned by the increased feminization of the HIV and AIDS pandemic. Again, even as gender inequalities make women more vulnerable to HIV and AIDS, the pandemic reinforces gender inequalities. While women and girls are disproportionately affected by HIV/AIDS, they bear the disproportionate burden of care and support for those infected and affected by the disease. The empowerment of women and girls and the elimination of violence against women have to be part of the response mechanism for combating HIV/AIDS. It is thus important to strengthen initiatives that would increase the capacities of women and girls to protect themselves from the risk of HIV infection.

This approach should include, among other things, programmes of early childhood development, keeping girls in school, changing cultural and religious practices that put girls and women at risk, providing health-care services, including sexual and reproductive health services, voluntary counselling and testing, prevention of mother-to-child transmission and equal access to good quality tertiary education for men and women. In this regard, SADC welcomes the agreed conclusions of the fifty-third session of the Commission on the Status of Women on the equal sharing of responsibilities between men and women, including in the context of HIV/AIDS, and underscores the need to involve men and boys in addressing gender

equality and the empowerment of women in all spheres, including in the context of HIV/AIDS.

We are deeply concerned with the large number of vulnerable children, estimated at around 15 million, 80 per cent of whom live in sub-Saharan Africa. While in SADC children infected and affected by the pandemic pose a major challenge to addressing the HIV/AIDS response, there is a need to have a comprehensive approach in dealing with vulnerable children. This area is one in which cultural and social practices could be enhanced for the protection and care of affected children and households by leveraging the resources and goodwill that communities already have.

We appeal to our partners to be sensitive to these approaches and to assist with technical and organizational skills in approaches that are familiar and acceptable to local people in order to reduce the risk of stigmatizing affected children. A child orphaned through HIV/AIDS and one orphaned through other means are both vulnerable. A number of SADC member States have developed costed national plans for vulnerable children. However, finding the resources required to implement the plans remain a major challenge.

SADC member States respect the rights of all persons to equal access to prevention, treatment, care and support for HIV/AIDS without discrimination. In that light, we encourage the Secretary-General to include in his future reports equal focus on the HIV/AIDS response for other groups, such as persons with disabilities and older persons.

People with disabilities are at particularly increased risk owing to the social and economic inequalities that they face. Thus, ensuring equal access to prevention, treatment, care and support for people with disabilities, especially women and girls with disabilities, should be an integral part of the HIV/AIDS response.

The same applies in the case of older persons. It is important that statistics further regroup the age brackets, possibly at five-year intervals. Older persons are vulnerable not only because of the burden of caring for orphaned children and the sick; they are also at risk of being infected.

The provision of pertinent information to the community is essential in prevention, treatment, care and support for persons with HIV/AIDS. Despite numerous education and awareness campaigns, many people in the region do not have enough knowledge about the disease. In SADC, we have learned that information communication materials that respond to cultural diversity and local conditions and in local languages ensure the relevance, appropriateness and effectiveness of interventions.

As we move towards the deadline of 2010, it is imperative that we have adequate data and information to review progress towards the implementation of commitments that we have set for ourselves. In this regard, while we fully support the Secretary-General's call for accountability, we urge the United Nations system to consider this aspect to be one of the weakest links in the regional response and to prioritize technical support in this area, especially for civil society.

Allow me to conclude by reaffirming SADC's unequivocal commitment to the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. We reiterate the call for the international community to complement and supplement national efforts through increased funding and debt forgiveness in order to enable the funds to be used for social development, including HIV/AIDS prevention, treatment, care and support. Because of the scale of the problem in the subregion and, indeed, our commitment and resolve to address this epidemic, we believe that, with appropriate support, SADC will contribute substantially to the realization of the goals of universal access by 2010 and beyond.

The President (*spoke in Spanish*): I now give the floor to the Permanent Representative of the Czech Republic, who will also speak on behalf of the European Union.

Mr. Palouš (Czech Republic): It is an honour and a privilege to speak on behalf of the European Union. The candidate countries Turkey, Croatia and the former Yugoslav Republic of Macedonia; the countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia; as well as Armenia, the Republic of Moldova and Ukraine align themselves with this declaration.

We would like to thank the Secretary-General for the opportunity to review the progress made since the adoption of the Declaration of Commitment on

HIV/AIDS in 2001 and of the Political Declaration on HIV/AIDS at the High-level Meeting in 2006. The European Union remains fully committed to universal access to HIV prevention, treatment, care and support by 2010, and to achieving the Millennium Development Goals, including the specific targets related to HIV/AIDS. These commitments were reiterated in the European Union Agenda for Action on the Millennium Development Goals, adopted in June 2008, and, most recently, in the conclusions of the Council of the European Union on supporting developing countries in coping with the crisis.

The European Union's external actions are guided by the European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis through External Action (2007-2011). A midterm review of its progress was recently conducted in consultation with European and African stakeholders with the aim of better defining the response to the global HIV/AIDS pandemic. Complementary to the Programme for Action, the European Union, in cooperation with its partners, follows the European Commission Communication on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009.

As described in the current report of the Secretary-General (A/63/812), many countries have made significant progress in scaling up efforts towards universal access, including access to antiretroviral therapy and prevention of mother-to-child transmission. However, as the target year of 2010 is approaching, it is clear that the HIV/AIDS pandemic remains a major challenge that calls for sustainable political attention, leadership and a long-term response.

The European Union fully shares the concern expressed that the commitment to HIV prevention remains inadequate, since the pace of new infections is far larger than the number of people who have access or will be able to have access to treatment. Combination prevention strategies should be scaled up. There is an urgent need to step up the development and implementation of comprehensive prevention approaches, including increased access to male and female condoms as well as information, education and awareness-raising, along with continued investment in research and development of new prevention technologies. As there is not just one type of HIV/AIDS epidemic, efforts should be based on the principle of knowing your epidemic, which is a key feature of successful prevention.

It is worrying that basic prevention services and indeed knowledge of the true risks of HIV infection are not available to far too many, particularly the young. We need to acknowledge that, with the current level of effort, our target of universal access to prevention may not be achieved within the time frame we originally set. Focusing national and international efforts on all levels of prevention using existing tools is more important than ever.

Mr. Wolfe (Jamaica), Vice-President, took the Chair.

The European Union also remains gravely concerned at the lack of effective prevention programmes, which is reflected in the large number of new HIV infections among children and young people, the low level of coverage for services to prevent mother-to-child transmission and the lack of paediatric drugs in many countries. We encourage stronger commitment to support and protect the 15 million children orphaned and affected by HIV/AIDS and to address the social and structural determinants of HIV risk to women. An effective and sustainable solution to fight the feminization of the epidemic is to invest in girls and women: in their education and in improving their health and social status, including ensuring and strengthening their sexual and reproductive health.

To reverse the current trend of feminization, the European Union, within the context of established EU positions has successfully led efforts to strengthen global attention and action to address gender inequality and gender-based violence and abuse, which are drivers of the AIDS pandemic. We call for intensified efforts to safeguard women's and girls' rights, develop effective HIV and AIDS policy programmes and services for women and girls, including those related to sexual and reproductive health rights within the context of the established EU positions, and to support the full involvement of women in planning and decision-making related to HIV strategies and programmes. We are committed to working collectively and individually to support partner countries in implementing strategies for gender equality, women's rights and empowerment and approaches that are effective in engaging women and girls in responding to the AIDS pandemic.

The European Union affirms its strong support for and commitment to the full implementation of the

Cairo Programme of Action, as well as the key actions for the further implementation of the International Conference on Population and Development (ICPD) Programme of Action agreed at ICPD+5, and the Copenhagen Declaration and Programme of Action.

The European Union considers gender equality and the full realization of human rights and fundamental freedoms as the essential principles in the global response to the HIV/AIDS pandemic. It is critically important to reduce the vulnerability of women and adolescent girls to HIV. We also need to prevent and combat stigma and related discrimination against people living with HIV, including travel restrictions.

The European Union emphasizes that HIV-specific restrictions on entry, stay and residence based on HIV status are discriminatory and do not protect public health. The European Union therefore urges all countries to eliminate any restrictions on entry, stay and residence based on HIV status. Furthermore, we reaffirm our strong political support to the Task Team created by UNAIDS and the Global Fund Board on the topic of HIV-related travel restrictions, which aims to eliminate policies and practices that restrict travel of HIV positive people.

We have to overcome legal, regulatory and cultural or other barriers that inhibit access to effective HIV prevention, treatment, care and support, including medicines, commodities and services for people living with HIV/AIDS and the populations most at risk, including men who have sex with men, sex workers and injecting drug users. People affected by HIV/AIDS should be fully involved in the design, implementation and monitoring of country-defined strategies to confront the disease.

We call for intensified action to promote safer sexual behaviour, including use of male and female condoms and to scale up access by injecting drug users to harm-reduction interventions, including needle and syringe programmes, opioid substitution therapy and other drug dependence treatments. Programmes to change risky behaviours, complemented with strong human rights protections, are far more effective in controlling HIV. The consequences of the criminalization of HIV transmission should be taken into consideration.

As the world's largest donor, the European Union has collectively provided a major contribution to the increased resources for the HIV/AIDS response in recent years, including quadrupling its support for the Global Fund to Fight AIDS, Tuberculosis and Malaria. The European Union will work further with partner countries through results-based budget support modalities such as the Millennium Development Goals Contracts, the Global Fund and innovative financing mechanisms. We will also work closely with African Governments towards fulfilment of their commitments to allocate 15 per cent of State budgets to health issues, in line with the 2001 Abuja Declaration, through the European Union-Africa Partnership on the Millennium Development Goals.

In a situation of financial and economic crisis, aid effectiveness and the promotion of effective country responses to HIV/AIDS are of even more critical importance. In accordance with the Accra Agenda for Action and the principles of the International Health Partnership and the Three Ones, the European Union will support the development and implementation of single national plans and budgets to ensure a synergy of international and domestic resources for HIV/AIDS policies and the strengthening of health systems and will assist in country-led national plans, including through horizontal technical cooperation.

We applaud the role of the Joint United Nations Programme on HIV/AIDS, which helped to reinforce universal access as a top priority. It is our common responsibility at the international, regional and national levels to seize this opportunity and to act on our words and commitments to support the development of strategies and effective responses to this HIV/AIDS pandemic.

The Acting President: I now give the floor to the representative of Swaziland, who will speak on behalf of the Group of African States.

Mr. Nhleko (Swaziland): I have the honour to deliver this statement on behalf of the African Group. At the outset we wish to thank the Secretary-General for his report contained in document A/63/812, entitled "Progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS" and we take note of the recommendations therein. We also take note of the submission of the reports (A/63/152 and Add.1) of the Joint Inspection Unit and the Secretary-General's comments on them. We look forward to the second independent evaluation, mandated by the Joint United

Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board.

The HIV pandemic is the greatest global threat in the world today. Africa is home to just over 10 per cent of the world's population, but it is also home to nearly two thirds of those living with HIV/AIDS worldwide. It has now been more than 25 years since HIV/AIDS emerged and quickly became a global pandemic. Africa has borne and still bears the heaviest burden of HIV/AIDS, both in economic and social development terms. Although a lot has been achieved with regard to the mobilization of needed resources and access to prevention, treatment, care and support, it is nowhere near enough because the challenge is immense and will remain so for some years. Efforts to conquer HIV/AIDS should therefore be scaled up, as complacency can reverse all that has been achieved thus far.

HIV/AIDS is without doubt a major obstacle to development that threatens the social and economic fabric of our nations. It cuts across all sectors and warrants a comprehensive, coordinated, integrated and sustained response. Continued progress in the fight against HIV/AIDS is essential to achieving a number of intertwined Millennium Development Goals (MDGs), including those of eradicating poverty, achieving universal primary education, promoting gender equality and the empowerment of women, reducing child mortality and developing global partnerships for development.

According to UNAIDS statistics, an estimated 33 million people, half of whom are women, are living with HIV. Two out of three of those people are in Africa. There are about five new infections every minute, of which three are among children and young people. Each day, 5,500 people die from AIDS-related illnesses. As a result, the number of orphans is growing. More than 12 million AIDS orphans are in Africa. Those sobering figures continue to identify Africa as the global epicentre of the AIDS pandemic.

For those reasons, we in Africa support the Secretary-General's recommendation that all stakeholders must reaffirm their commitment to moving towards universal access to HIV prevention, treatment, care and support by 2010. Our solid determination in that regard is a must in order to realize the Millennium Development Goals, especially Goal 6, namely, halting and reversing the spread of the HIV/AIDS pandemic by 2015.

In order to achieve that, a sustained response is needed. Africa has attempted, with its limited resources, to organize itself to tackle the scourge through prevention and universal treatment. As we may all recall, the African Union decided in Sirte, Libya, in 2005, to establish an African centre that aims primarily at promoting cooperation in the fight against HIV/AIDS and coordinating between specialized centres in that field all over the continent.

It was a united Africa that met in Abuja, Nigeria, in May 2006 to take stock of the HIV/AIDS situation on the continent and to make use of best practices. Following that special summit, the African Union kept its rendezvous with history by reaffirming its commitment to combating AIDS, tuberculosis and malaria in the Abuja Declaration and the African Common Position. The African Common Position was a continent-wide approach to meeting the challenge of the HIV pandemic. The Abuja Declaration contains several priorities for implementation at the national level, including strengthening health systems; improving information, education and communication; access to treatment, care and support; access to affordable drugs and technologies; research and development on HIV/AIDS, including vaccines, traditional medicine and indigenous knowledge; partnerships; and monitoring and evaluation.

Since then a lot has been done to promote access to comprehensive services, address stigmatization and discrimination and provide support for those affected and infected by HIV/AIDS. More and more resources have been mobilized. Numerous actors, including national Governments, civil society and people living with HIV/AIDS, have played a major part in that endeavour.

Despite the progress that has already been made, many challenges remain. Obstacles to universal access to prevention, treatment and medical care include poverty, food insecurity, economic constraints, recurrent armed conflict, natural disasters, fear, ignorance, stigmatization and discrimination. The best way forward is to more effectively implement various global, continental, regional and national commitments that have been adopted by our leaders. That requires well-coordinated partnerships and harmonized strategies. There is also a need to sustain advocacy to

prevent further infection and mitigate the impact of HIV/AIDS on those infected and affected by the disease.

In that regard, we welcome international initiatives to provide financing for Africa in its struggle against HIV and other infectious diseases. We are grateful to development partners who have undertaken to mobilize resources to accelerate universal access to prevention, treatment and medical care. In doing so, we further call for increased and predictable resources within a comprehensive framework of cooperation, without politicization or the imposition of certain social or cultural concepts that do not take into consideration the particularities of each society.

While we have made progress following the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, we are still far from achieving our goals. We need to add fuel to our efforts and sustain our gains.

The Acting President: I give the floor to the Permanent Representative of Mexico, who will speak on behalf of the Rio Group.

Mr. Heller (Mexico) (*spoke in Spanish*): I have the honour to make this statement on behalf of the 23 countries of Latin America and the Caribbean that make up the Rio Group: namely, Argentina, Belize, the Plurinational State of Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica — representing the Caribbean Community — Nicaragua, Panama, Paraguay, Peru, Uruguay, the Bolivarian Republic of Venezuela and my own country, Mexico.

This meeting is being held against the backdrop of the worst economic and financial crisis of the past 70 years, as well as at a crucial stage in efforts to achieve the goal of universal access to HIV/AIDS prevention, treatment, care and support by 2010. As noted in the report (A/63/812) of the Secretary-General, annual funding available for HIV/AIDS programmes in our region rose between 2007 and 2008.

However, that growing trend is now threatened by the current economic crisis. It is therefore crucial that we maintain and increase investments in response to the epidemic. In our countries a significant part of that comes from international cooperation.

Not making the necessary investments against HIV/AIDS will have grave and costly effects in the future, as the linkage between development and HIV/AIDS is clear. While combating HIV/AIDS is itself one of the Millennium Development Goals, it also contributes to the achievement of other development goals, such as gender equality and the empowerment of women, reduced infant mortality and improved maternal health. We also need to ensure sustainability in the response to HIV/AIDS through plans aimed not only at the short term but also at the medium and long terms, including adequate financing schemes and the necessary strengthening of public health systems.

Some 2 million people in our countries are living with HIV/AIDS. The rate of prevalence remains relatively stable in Latin America, but it continues to grow in the Caribbean. Although our region of the developing world has achieved the highest rates of access to antiretroviral medicines, we still face several challenges, namely, preventing new infections, providing the necessary treatment, care and support, and reintegrating HIV-positive people into economic and social activities.

Since the General Assembly addressed the issue of HIV/AIDS in 2001, the Rio Group has stressed the need to achieve universal access to treatment, a goal that seemed impossible at that time. We have seen great progress since then. Although we continue to believe that it is achievable, we should not let down our guard, in particular with regard to the issues of adequate financing to combat HIV/AIDS and generating political leadership. We view universal access as an integral part of guaranteeing and effectively achieving human rights, especially the human right to the highest standard of physical and mental health for all.

In order to achieve universal access to treatment at this crucial stage, we need to make use of cooperation mechanisms, including South-South cooperation, as well as innovative instruments to reduce the cost of antiretroviral drugs, given that a majority of the resources that our countries devote to the epidemic are being used to purchase medicines.

Moreover, in our region we need to increase access to second- and third-line antiretroviral medicines, as well as to reduce their cost. Over the past

few years, we have seen that those prices are not fixed and that it is possible to reduce them.

Likewise, we underscore the importance of defining specific solutions for middle-income countries in order to ensure that initiatives to combat HIV/AIDS respond to the challenges facing our countries, where we experience serious problems of inequality and poverty. It is in those countries that more than 40 per cent of the world's population lives on less than $2 per day.

The Rio Group acknowledges the significant progress reflected in the 2006 Political Declaration, especially with regard to World Trade Organization (WTO) trade-related intellectual property rights not being an obstacle to countries' taking measures, now and in the future, to protect public health, as well as with regard to the resolve to assist developing countries to take advantage of the flexibility provided by WTO.

Moreover, HIV/AIDS and prevention education continue to be the best strategies for reducing the prevalence of HIV/AIDS. Such strategies should be comprehensive, evidence-based and aimed at vulnerable groups. They should also include psychological aspects and the building of self-esteem.

The needs of young people should also be taken into account in designing and implementing policies and strategies at the national level, with regard not only to the health sector but also to the education sector as it pertains to education about the epidemic. The aim should be to ensure that, by 2010, at least 95 per cent of young people will have accurate and comprehensive knowledge about HIV and its prevention.

In that context, we would like to recall the contribution of our countries to strengthening efforts to prevent HIV/AIDS, as set out in the ministerial declaration entitled "Preventing with education", which was adopted during the first meeting of ministers of health and education on halting HIV/AIDS and sexually transmitted diseases in Latin America and the Caribbean, held on 1 August 2008 in Mexico.

It is a fact that factors contributing to the growth of the epidemic can vary from country to country, and even within each country. We should therefore increase resources to ensure greater access to testing and identifying risk and vulnerability factors, while at the same time developing studies to ascertain and meas the impact of the epidemic among various populat groups, with a view to gaining knowledge about epidemic in our countries and to be in a better posit to target and implement appropriate responses to needs of each of our countries.

In preventing and combating HIV/AIDS, strategies must always strictly respect the human rig of people living with HIV. At the same time, we m fight stigma and discrimination, which aff vulnerable groups in our region in particular. Their access to health services, including sexual reproductive health, must be ensured. In that rega we are promoting effective measures of preventi care and support that combat stigma discrimination, in particular against the groups m affected by the pandemic in our countries. T includes clear, transparent and unbiased pub information educational programmes that prom universal access to health services, as well as natio legislation that promotes equality.

The countries of the Rio Group are aware t there are pending issues, such as finding a solution mother-to-child transmission, for which we need redouble our efforts, reduce the feminization of t pandemic and continue to strengthen initiatives research and develop drugs, vaccines and microbicid That requires political will on the part of all, as well compliance by developed countries with th commitments with regard to official developm assistance.

We also firmly believe in the importa contribution that can be made by civil society combating HIV/AIDS. To that end, we are worki closely with all organizations doing invaluable work the area of implementation at the community level. doing so, they are acting as legitimate participants defining strategies and policies. An effective respon requires Governments, international organizations a civil society to work together.

The Rio Group welcomes the initiatives th several of our member States have undertaken with variety of stakeholders at the local, national, region and global levels aimed at addressing the multifacet factors contributing to HIV/AIDS, as well as t commitments recently made to speed up progress health-related Millennium Development Goals.

The Rio Group reaffirms its role as a responsible actor in the fight against HIV/AIDS. We also reiterate our call for not letting down our guard in achieving our goals in the fight against the epidemic.

Lastly, allow me to add a few words in my national capacity.

For Mexico, a starting point for combating the pandemic is to hold open discussions on the topic, working without prejudice with vulnerable groups, such as women; girls and boys living with HIV; young people; men who have sex with men; injecting drug users; sex workers, migrants and prisoners, among others. Moreover, only with comprehensive educational sexuality programmes based on scientific evidence can we provide information and knowledge, and thus empower our society to protect itself against this disease.

Controlling this epidemic requires a direct and head-on fight against stigma, discrimination and homophobia. Silence in the face of those problems is one of the biggest barriers that we face. It is time to eliminate the prejudice and exclusion surrounding HIV.

Ms. Asgeirsdottir (Iceland): At the outset, I would like to welcome the report of the Secretary-General (A/63/812) on the progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. It provides a valuable update on developments in responding to AIDS. During the General Assembly High-level Meeting on AIDS in June 2008, a large number of countries reported that considerable progress had been made in halting the spread of HIV/AIDS, including in the areas of access to antiretroviral therapy and the prevention of mother-to-child transmission.

Unfortunately, those positive trends are not uniform and serious challenges still remain. Regrettably, the rate of new HIV infections continues to outstrip the expansion of treatment programmes and commitment to HIV prevention remains inadequate. Without a doubt, the global financial and economic crisis has made things worse. Active promotion of gender equality and women's empowerment, as well as protection of the girl child, are critical to our efforts to combat HIV/AIDS. Women and adolescent girls are the most exposed to the pandemic and often go without access to preventive care and health services.

We continue to be deeply concerned about the overall expansion of the epidemic among women, children and vulnerable groups. Ensuring the protection of those groups must be key in all actions undertaken to combat the HIV/AIDS epidemic. Iceland firmly believes that an effective response to HIV is one of the soundest forms of global investment in health care and development. It is critical that the commitment to fight HIV/AIDS is maintained and strengthened in the midst of the ongoing economic challenges.

Iceland will continue to do its utmost to support international efforts to fight the HIV/AIDS epidemic. Respect for human rights is at the core of our work towards universal access to HIV prevention, treatment, care and support. It is of concern that some countries have laws and regulations that hinder effective HIV prevention, treatment, care and support for vulnerable subpopulations. Several countries also have laws that restrict the entry, stay and residence of people living with HIV, based only on HIV-positive status. Any measures that are likely to make people less inclined to undergo HIV testing undermines efforts to achieve universal access to health care.

Less than two years remain before the agreed deadline for universal access to HIV prevention, treatment, care and support. Only with the concerted effort of all nations can we reach the targets set out in the Declaration of Commitment on HIV/AIDS.

Ms. Molina (Chile) (*spoke in Spanish*): On behalf of my Government, I commend the effort of the Member States of this Organization once again for placing a topic of the importance of HIV/AIDS as a commitment to mankind at the centre of the global debate.

Ever since the Secretary-General of the United Nations appealed for Member States to assume the commitments made in the Declaration of Commitment on HIV/AIDS, my country has been involved in them, welcoming the appeal and working to meet those challenges.

We have major progress to report, highlights of which are coverage of antiretroviral treatment for 100 per cent of those who need it. That is guaranteed by law and has made possible a decrease in mortality from HIV and an increase in the survival of affected persons; guaranteed access for all pregnant women to HIV testing and to a protocol for the prevention of

vertical transmission, resulting in a decrease in the HIV vertical transmission rate to 1 per cent from 30 per cent; and increased condom use, especially among adolescents and young people, from 18 per cent to 46 per cent.

We also have a legal framework prohibiting discrimination that prohibits hiring and retention in employment and in the education system conditional on people's serological status and provides for voluntary and confidential HIV testing with pre- and post-test counselling.

Eight years have elapsed since that first appeal and, certainly, we note that there have been very important advances in the world, particularly in the area of care and access to antiretroviral treatment, but also that major challenges and gaps still exist, mainly in access to preventive services. Thus, the epidemic continues to spread, showing that the efforts made have not been sufficient to contain it.

The issue of public health, where most of today's inequities and inequalities exist, determines people's vulnerabilities, significantly affecting the poorest, young people, women, men who have sex with men, refugees, migrants and persons deprived of liberty, among other groups; hence, the need to continue to focus more closely on social factors in dealing with HIV/AIDS prevention, tackling the socio-structural causes and the inequities in order to find more lasting solutions.

Individual, social, cultural and regional realities must be taken into account in order to provide a more effective response to the epidemic, and diversity must be recognized as a cultural asset. This approach involves a demand for information reflecting the various realities and a need for ongoing evaluation of actions.

We need strategic alliances in order to move towards the solution of the problems affecting our societies and, consequently, towards health policies adapted to the epidemiological, social and cultural realities of the various countries.

Much more decisive involvement of relevant actors is required in order to achieve these goals. We need to address this issue in a more cross-cutting fashion in society, with greater shared responsibility involving more social actors, different government sectors, the private sector and grass-roots organizations, among others.

For our Government, unconditional respect for the human rights of people living with HIV/AIDS and for the most vulnerable sectors of the population is not only a duty of the State but a requirement if we are to make progress in controlling the epidemic and fulfilling the ethical responsibility of an increasingly democratic society.

Chile welcomes the creation of collective and supportive forums and initiatives with the aim of pooling efforts and resources as a substantive step forward in the struggle to close the immense economic gap in responses to HIV between the industrialized world and the countries with fewer resources. My country is participating in a series of collaborative initiatives to make prevention strategies, drugs and programmes to combat stigma and discrimination more accessible, thus benefiting the least protected populations.

Mention should also be made of the initiative concerning universal access to HIV prevention, treatment and care proposed by the lead agencies for the issue, the World Health Organization, the Pan American Health Organization and the Joint United Nations Programme on HIV/AIDS, which stresses the importance and urgency of more decisive interventions and actions to deal with this problem.

Lastly, I should like to state that Chile reaffirms its commitment to continue working to stem the AIDS epidemic in our country, to cooperate at the international and regional levels and thus to contribute to the attainment of the Millennium Development Goals and of the targets set in this important Assembly.

Ms. Lucas (Luxembourg) (*spoke in French*): It is indeed with heightened interest that I am taking part in this debate of the General Assembly on the implementation of the Declaration of Commitment of 2001 on HIV/AIDS. In addition to the importance that this issue has for my country, which in 2008 devoted some 13 per cent of its budget for multilateral cooperation to projects and programmes aimed at combating HIV/AIDS, the results of international action in the area of HIV/AIDS and the strengthening of efforts made in this area are at the core of the work of the Economic and Social Council at the United Nations, the Council which it is my honour to preside this year.

Every year the Economic and Social Council considers the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), a programme that, it should be recalled, the Council established in 1994, in accordance with its mandate for coordinating the United Nations system in the development area. This year, the Council is, we could say, doubly interested in this issue, given the theme of the Annual Ministerial Review in which it will be engaging next month, namely, the implementation of objectives and commitments adopted on the international level with regard to public health.

Millennium Development Goal 6 — combating HIV/AIDS, malaria and other illnesses — is certainly a part of this theme. The issue of HIV/AIDS is also part of a broader framework of strengthening health structures and of universal mobilization to speed up progress in an area where our peoples are awaiting solidarity and effectiveness from the international community, and from the United Nations in particular.

I can therefore assure the Assembly that the problem of HIV/AIDS will receive all the attention due it within the framework of the Ministerial Review from 6 to 9 July. I cite as a demonstration of the interest in the regional ministerial meeting for Latin America and the Caribbean, which took place last 5 and 6 June in Montego Bay, Jamaica, as part of the preparation for our July session, devoted specifically to the problem of HIV/AIDS and to its impact on development in that region of the world. I thus now have the opportunity, once again, to thank most sincerely the authorities of Jamaica for their welcome, and also all of the participants, who made the conference such a genuine success.

While the progress made in preventing and combating HIV/AIDS, as shown in the report of the Secretary-General (A/63/812), are encouraging in several ways, it also brings to mind the magnitude of the disease and assists us in highlighting the major axes for action in an area where the worst possible thing would be to reduce vigilance. The debates held in preparation for the Annual Ministerial Review, and in particular, during the recent meeting in Montego Bay, reveal a number of guidelines on the subject of HIV/AIDS within the context of development which I would like to share with the Assembly.

First of all, Governments must act on the inter-ministerial level to draw up horizontal and integrated policies capable of having an impact on the spread of the disease. Thus, in addition to the ministers for health, those for education, labour, finance and foreign affairs also have an important role to play. Education and communication are decisive in providing information on HIV/AIDS, combating the stigmatization of individuals suffering from HIV/AIDS, and preventing their marginalization.

Secondly, public policy in all sectors must be drawn up so as to contribute to the objectives of health. Food, access to drinking water, hygiene, urbanization in a sustainable fashion must go hand-in-hand and form the basic elements for public action in the health field and therefore also in combating HIV/AIDS. Hunger and malnutrition have particularly serious repercussions for those people who are already vulnerable, as well as for people living with HIV/AIDS.

Thirdly, there is an imperative need to adapt and change perception and behaviour towards persons who are infected or ill in order to respect their dignity and their fundamental rights. Specialists worldwide today are in agreement in attaching as much importance to the human and social aspects as to a purely medical approach in efforts at prevention and in access to care.

Fourthly, the results obtained remain inequitable and often leave disadvantaged communities marginalized. Access to care must be democratized through mechanisms for social security adapted to the needs of the poorest and to risk sharing. Let us recall today that the vast majority of individuals who live with the virus are in sub-Saharan Africa, where the proportion of women in the population affected amounts to 60 per cent. The improvement of maternal and infant health, an area in which tragically little progress has been made, will greatly contribute to the objectives of combating HIV/AIDS.

Finally, in the context of an economic and financial crisis, the international community must see to the maintenance of the financing of health systems by ensuring that the macroeconomic context does not imperil the progress made to achieve the international development goals in this area. We are aware today that official development assistance has made a considerable contribution to progress in the areas of

HIV/AIDS, tuberculosis and malaria. Those flows must not under any circumstances be allowed to run dry.

These preliminary conclusions will be further developed and refined during the ministerial review of the Economic and Social Council from 6 to 9 July in Geneva. I count on the mobilization of all actors in the health field, including those from civil society and the private sector, to maintain the international momentum for health throughout the world, which represents both the expression of and the prerequisite for our development. I also hope to make use of the considerable international expertise in the prevention of and fight against HIV to motivate international action in other health fields, where the results are less significant.

The participation of all in the purest traditions of the Economic and Social Council will be most welcome at the July meeting.

Mr. Al-Nasser (Qatar) (*spoke in Arabic*): It gives me great pleasure to convey my gratitude and appreciation to the President of the General Assembly for convening this important meeting, to the Secretary-General and to the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their great efforts in carrying out their work.

I wish to emphasize the great importance that the State of Qatar attaches to the implementation of the 2001 Declaration of Commitment on HIV/AIDS, and the 2006 Political Declaration on HIV/AIDS. This meeting comes at a time when we are approaching the year 2010. We look forward to achieving the objective of providing access to HIV/AIDS prevention, treatment, care and support programmes throughout the world at a time when there is growing evidence that the efforts and investments aimed at addressing the widespread transmission of HIV/AIDS are not adequate. The Assembly must therefore renew its commitment and step up its collective and individual efforts to implement the necessary measures to face the disease by strengthening and promoting established funding mechanisms and guaranteeing continuous support to low- and middle-income countries during the current global economic and financial crisis.

The people of Qatar believe that the spread of HIV/AIDS is not just a health problem, but that it affects all society and is a challenge to development because of its economic and social great impact. The problem is not the number of those who have been infected or affected by the disease; it is the concealment and denial of infection out of fear of discrimination and stigma, which contribute to the accelerated spread of the disease.

Despite its low rate of infection, the State of Qatar has committed to implementing the Declaration and has taken several measures, including the establishment of the National Committee for the Prevention of AIDS in June 2006, and attaches particular importance to promoting cooperative relations with relevant international organizations. Thus, a cooperation agreement has been signed between the National Committee for the Prevention of AIDS and the United Nations Development Programme (UNDP) in order to draft the enlarged and comprehensive national strategy to combat the spread of the virus in the State of Qatar that has helped to maintain the continued low rate of infection. Programmes and policies have also been adopted that are compatible with the religious principles and values of the community and are based on Islamic sharia law. Comprehensive support is also being provided to those infected with the virus and their families and to providing extensive health care and antiretroviral drugs for all, without discrimination and free of charge.

The National Committee is at work on legislation to help the State support the rights of those infected with the virus and to make those rights part of State law. This legislation will be the first of its kind in the Arab world, and we will work towards making it a regional document that supports those affected by HIV/AIDS in the Arab region.

My delegation has noted the report of the Secretary-General (A/63/812) and wishes to commend the efforts that went into preparing it. In this context, Qatar wishes to work with all States and to point out the importance of recognizing that a one-size-fits-all approach will not work, as no one programme can be followed by all States in the framework of implementing the Declaration of Commitment and the Political Declaration on HIV/AIDS. Cultural and religious differences make it necessary to identify different plans and strategies to combat the disease.

In the State of Qatar, the National Committee has prepared many programmes and projects aimed at building national capacities. We have recommended several preventive activities in cooperation with the World Health Organization and UNDP, including the

establishment of a training course for those, including religious leaders, who work with young people. The efficacy of religious and cultural training has proved its worth in many States, and we urge UNAIDS to continue cooperating with States in the development of quality programmes in a manner consistent with the needs of local communities and relevant religious and cultural values.

The huge challenges we face require us to redouble our efforts at the level of Government, the United Nations system, civil society organizations, mass media, religious leadership, donors and pharmaceutical companies to bridge the huge gap between what has been achieved and the objectives we are working to attain by 2010.

Mr. Lacroix (France) (*spoke in French*): At the outset, I wish to say that France subscribes to the statement made this morning by the Permanent Representative of the Czech Republic on behalf of the European Union. I also wish to convey France's gratitude to the Secretary-General for the very high quality of his report on the implementation of the Declaration of Commitment on HIV/AIDS (A/63/812).

We believe that this annual meeting is essential in taking stock of the efforts made in combating HIV/AIDS and in keeping the attention of the international community focused on the question. Monitoring the epidemic and following its development is essential. The report of the Secretary-General shows the extent to which that varies depending on countries and regions. Knowledge of national epidemiological profiles is indispensable for the implementation of proper national strategies to combat HIV/AIDS.

Last year, we assessed the considerable progress that had been made since 2001, with approximately 3 million patients having access to antiretroviral treatments. This year, we can once again welcome the additional progress made in access to antiretroviral therapies and the access of women to services for the prevention of mother-to-child transmission, inter alia. This progress is encouraging and shows the effectiveness of the action undertaken by the various partners involved in the fight against this pandemic. In this context, I would like to emphasize the vital role being played by the Global Fund and the International Drug Purchase Facility in terms of access to treatment.

Despite all of this progress, we must recognize that there is still a long way to go towards achieving the objective of universal access to prevention, treatment, care and support services by the year 2010. France here reaffirms its commitment to that objective, one that we have raised within the context of the G8 meetings.

Beyond that specific objective, the fight against AIDS contributes to the implementation of the other Millennium Development Goals. This pandemic is indeed one of the greatest impediments to economic and human development in Africa. There are still too many who are ill and do not have access to treatment, and only 33 per cent of HIV-positive pregnant women benefit from services aimed at preventing mother-to-child transmission. This is unacceptable. As we know today, scientific advances have made it possible to prevent this kind of transmission. France welcomes the initiative undertaken by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) to eliminate transmission by 2015.

The international community must not relent in its efforts. Despite the economic and financial crisis, France will ensure that it fulfils its international financial commitments in combating HIV/AIDS and that it remains in the vanguard of that struggle. Access to treatment must not overshadow the importance of prevention for all groups. Each group has its own specific features, whether young women, women, migrants, intravenous drug users or sexual minorities, to mention only the major groups.

The struggle against HIV/AIDS, however, is not solely a question of financing but also a matter of approach. Until now, we have limited ourselves to a crisis response. Today, we need to add a more long-term policy to that response. In this context, my delegation would like to emphasize two points in particular.

First, such a policy will depend on the strengthening of health systems. France therefore supported including the issue of strengthening health systems in the programmes financed by the Global Fund, thus complementing the efforts of the World Health Organization in this field. Staff training and retention, along with efforts to strengthen the capacity of States in the health sphere, are essential in order to take advantage of international efforts to combat HIV/AIDS and for health in general. In addition,

activities undertaken to combat HIV/AIDS and associated infections must not be conducted in isolation, as such efforts can also help in the fight against other diseases. This is a question of equal access to care for all.

Secondly, this policy hinges on action aimed at changing mindsets by fighting discrimination, devoting greater attention to vulnerable or marginalized groups, including women, migrants, sexual minorities and intravenous drug users, and implementing prevention policies to avoid risky practices. We welcome the work conducted by UNAIDS in this context.

We also welcome the work of the International Task Team on HIV-related Travel Restrictions, and we reaffirm the need to combat all forms of discrimination against, stigmatization of and limitation of freedom of movement or residence for individuals living with HIV.

We also welcome the fact that the subject of prevention for intravenous drug users is on the agenda for the next meeting of the Executive Board of UNAIDS. It is now up to UNAIDS to take initiatives and provide guidelines in these various areas. But it is the responsibility of the States themselves to take all useful measures to avoid the spread of the pandemic. The establishment of specific programmes aimed at vulnerable groups and at combating any stigmatization of individuals living with HIV/AIDS is an integral part of this.

In December 2008, France launched an appeal, at the United Nations, for the universal decriminalization of homosexuality. This declaration was backed by 67 countries, and we welcome the fact that the United States has also recently given it its support. Today, we reiterate that appeal to all countries that have not yet signed the declaration.

I would like to conclude by adding that the fight against HIV/AIDS concerns all of us, including in particular those who are ill. France would therefore like to welcome once again the central role played by civil society and other organizations in this sphere. Without them, the mobilization of the international community on this issue would never have been as strong as it is.

Mr. Barriga (Liechtenstein): We would like to thank the Secretary-General for his report (A/63/812), which provides a useful update on developments in the global response to HIV/AIDS. One year after the General Assembly's high-level meeting on progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, the fight against the HIV epidemic remains one of the highest priorities of the international community. For more than 25 years, HIV/AIDS has caused immense suffering throughout the world and has had devastating consequences on development and human rights. The Declaration of Commitment is our foremost tool to combat the scourge of HIV/AIDS, both nationally and in our multilateral efforts. Indeed, the fight against HIV/AIDS is one of the areas where the United Nations has proven most effective and indispensable. Our success will have a strong impact on our progress in achieving the Millennium Development Goals (MDGs).

Nine years after the adoption of the Declaration, its comprehensive approach is more relevant than ever. We recognized at the time that HIV/AIDS is a complex phenomenon and that we need to address it in all its aspects in order to be successful. Much of the progress that has been made in recent years has come about through relevant health and development policies and improved funding.

That progress, however, and the lack thereof in specific areas, has led us to realize even more clearly that the fight against HIV/AIDS is as much a human rights imperative as it is a health and development issue. Direct and indirect discrimination against people living with HIV and the populations most vulnerable to infection pose serious challenges to the implementation of the Declaration and the achievement of MDG 6. We share the Secretary-General's concern with regard to HIV-related travel restrictions, overly broad criminalization of HIV transmission and discriminatory laws impeding access to health services by high-risk groups. The response to HIV/AIDS will not be effective without a full understanding of the social and structural determinants of HIV risk and vulnerability. As a consequence, we must fully address the human rights dimension of the epidemic, including gender inequalities, social marginalization, stigma and discrimination.

While the international community has devoted almost unprecedented financial means to the fight against HIV/AIDS, the goal of halting and reversing its spread by 2015 remains an enormous challenge. The rate of progress in expanding access to essential

services still does not keep pace with the expansion of HIV itself.

We must therefore not relent in our efforts and place even stronger emphasis on the area of prevention. In order to successfully ensure prevention in both low-income and high-income countries, we need to improve knowledge about HIV/AIDS and the risk of infection. HIV prevention is the cornerstone of our long-term success. Its effectiveness could greatly improve through an integrated approach with existing programmes regarding tuberculosis, maternal and child health, and sexual and reproductive health.

The financial and economic crisis poses an additional threat to the implementation of the Declaration of Commitment and to the goal of achieving, by 2010, universal access to HIV/AIDS treatment for all those who need it. Liechtenstein remains committed to that goal. We concur with the Secretary-General's statement that the HIV response represents a sound global investment. Liechtenstein has therefore continued to increase the resources invested for that purpose, both domestically and at the international level.

Our contribution to the fight against HIV/AIDS at the global level even surpasses our contribution to the regular United Nations budget. Within the United Nations family, we are currently contributing to programmes run by UNICEF and the Joint United Nations Programme on HIV/AIDS. That is in addition to our participation in financing the Global Fund. We are committed to continuing our financial contribution in the future, and hope that other States will uphold and further expand their commitments as well.

Mr. Liu Zhenmin (China) (spoke in Chinese): The Chinese delegation has carefully read the report (A/63/812) submitted by the Secretary-General under this item. We very much appreciate the efforts made by the United Nations in promoting global common action to combat HIV/AIDS.

Having made the fight against HIV/AIDS a high priority, the Chinese Government has placed that issue on its agenda of work as a strategic matter bearing on economic development, social stability, State security and the fate of our nation. We have set up the initial form of a mechanism for combating HIV/AIDS that addresses the specific situation of China, and have achieved remarkable progress in combating HIV/AIDS. The Government has formulated and implemented a policy of "four frees and one care", namely, free voluntary blood tests, free antiretroviral treatment for needy urban and rural AIDS patients, free medical advice and treatment for pregnant women with HIV and their babies, free education for AIDS orphans, and Government-provided care for AIDS patients who live in poverty. All of that is with a view to achieving universal access to HIV/AIDS prevention, treatment, care and support.

We have intensified and expanded our comprehensive and integrated fight against HIV/AIDS in order to reduce new infections. We have further strengthened international exchanges and cooperation in that regard and have worked to ensure that efforts to combat HIV/AIDS follow the law and scientific methods. China will continue to actively fulfil its international obligations, help other developing countries combat HIV/AIDS by providing assistance and technological support and continue to take an active part in transnational and transregional cooperation to combat HIV/AIDS.

Like many other developing countries, China faces the problems of uneven economic, social and cultural development among different regions and extremely limited per capita resources for the purpose of combating HIV/AIDS. Inputs in that respect fall far short of meeting the actual need. We therefore hope that United Nations institutions will take further action to support developing countries in their efforts to combat HIV/AIDS. I would like to stress the following two points with regard to the future work of the relevant United Nations bodies.

First, they must continue to increase financial and technical support. In their endeavours to implement the goal of universal access to prevention, treatment, care and support, China's health infrastructure and service capacity have come up against formidable challenges. We hope that United Nations bodies will provide more financial and technical support to help China address practical difficulties in combating HIV/AIDS, such as the high cost of antiretroviral treatment and the shortage of medicines.

Secondly, coordination among international organizations must be strengthened. In order to guarantee the effective allocation of resources and the orderly implementation of projects, we hope that United Nations institutions will utilize their respective advantages and influence to play a better coordinating

role among various international organizations and facilitate the integration of projects of different international organizations within a given recipient country. In combating HIV/AIDS, we also hope that the Joint United Nations Programme on HIV/AIDS will reinforce coordination and cooperation with international organizations working to combat drugs and eradicate poverty. We also hope that it will focus its input on priority areas.

HIV/AIDS is the common enemy of humankind. Defeating it is our shared goal. We are willing to work with the international community to explore and study strategies and measures to combat HIV/AIDS and to effectively implement the Declaration of Commitment on HIV/AIDS so as to contribute to the global endeavour to effectively curb the disease.

Mr. Çorman (Turkey): Turkey aligns itself with the statement made by the Permanent Representative of the Czech Republic on behalf of the European Union. I shall therefore be brief, touching on a few additional points from my national perspective.

The High-level Meeting convened by the Secretary-General on 15 June 2008 was a landmark event in terms of global efforts against HIV/AIDS. The meeting gave us an opportunity to assess the progress in responding to this unprecedented epidemic. Today, we have yet another opportunity to evaluate the progress as well as the remaining challenges in meeting the targets set in the 2001 Declaration of Commitment on HIV/AIDS and the commitments reaffirmed in the 2006 Political Declaration on HIV/AIDS.

In that context, we would like to thank the Secretary-General for his report (A/63/812), which provides a concise update of progress in the fight against HIV/AIDS and puts forth recommendations for reaching the 2010 target pledged by the Member States.

HIV/AIDS is not only a health issue, but a matter of human security. As such, the fight against the pandemic is very much part of the global efforts to achieve the Millennium Development Goals, and thus to defeat poverty, to ensure gender equality, to prevent discrimination and to secure the universal enjoyment of human rights.

According to figures provided by the Turkish Ministry of Health, the number of HIV-positive cases in my country had reached 3,370 as of December 2008. Although the number of HIV cases is relatively small, it is on the increase. We are concerned that the following factors could have the potential to further contribute to that increase: the young population of Turkey, the general lack of awareness about sexually transmitted diseases, the increase in intravenous drug use, the influx of commercial sex workers and the high number of Turkish men working abroad. We therefore have to be vigilant.

There is no major problem in Turkey with respect to the diagnosis and treatment of HIV/AIDS patients. A comprehensive reporting system, including a coding system for HIV/AIDS, was established in 1985. We have put in place an important range of preventive measures. HIV testing and antiretroviral treatment are free of charge. Serological testing is mandatory for blood, tissue and organ donors and for registered sex workers and patients who undergo major surgical operations.

In 1996, the National AIDS Commission was established in order to carry out countrywide activities. The Commission continues to review progress in the field, with the participation of 35 representatives from State institutions, universities, non-governmental organizations and the United Nations system.

Despite progress, there are also challenges, such as insufficient preventive services for vulnerable groups, an increasing number of unregistered sex workers, intravenous drug users, and high treatment costs.

However, universal access to prevention and treatment-specific services is an attainable goal. In fact, the current National Strategic Plan on HIV/AIDS lays out our national strategies from 2007 to 2011 to enhance our activities in the fields of prevention and support, voluntary counselling and testing, diagnosis and treatment, the creation of a supportive environment, monitoring and evaluation, social support and intersectoral collaboration.

The HIV/AIDS epidemic requires a sustained global response. The international community must stand by its commitments to combat HIV/AIDS and meet Millennium Development Goal 6 targets. In addition to its national efforts to meet this global challenge, Turkey remains committed to contributing to international efforts to assist vulnerable groups. With that understanding and as an emerging donor in

international development efforts, Turkey has allocated a contribution of $3 million for the period 2008-2010 to the United Nations system for the fight against HIV/AIDS.

We will continue to work in collaboration with the relevant bodies of the United Nations in order to assist those countries that are less fortunate than ourselves, in terms of both economic capability and the burden of HIV/AIDS.

Mr. Quinlan (Australia): Since this is the first occasion on which I have had the opportunity as Australia's new Permanent Representative to address the General Assembly, I would like to say how much I am looking forward to working with the President of the Assembly and all of our colleagues in the years ahead. I was a junior diplomat in the Australian Mission here in New York in the early 1980s when HIV/AIDS first was recognized by all of us as a lethal threat. It left a lethal imprint on this city, New York, as it has everywhere else. We must never let the war against it abate.

We are here to track our progress in meeting our shared commitment to universal access to HIV/AIDS prevention, treatment, care and support. That commitment is, as the Secretary-General has said, based on the fundamental right of all people to the support, services and commodities that will protect them in health and provide them with care and treatment when they are ill. That is a very simple, linear proposition for all of us.

In Australia's region, the Asia-Pacific, we know that most countries are well behind schedule to achieve universal access by 2010, and that many more countries are unlikely to achieve Millennium Development Goal 6 to halt the spread of HIV/AIDS by 2015. Our region suffers around 1,300 new infections every day. As 2010 fast approaches, we are increasingly aware of the need we have to accelerate progress if we are to make anywhere near good on our pledges.

In the time of global recession that we face now, many Governments are, of course, under pressure to cut services, and reduced family incomes may force people to take more risks. Therefore, we need to be smart right now about identifying the key actions that will maximize the resources we have and ensure that what efforts we make and must continue to make are effective.

This year, Australia launched a new strategy for development assistance for HIV/AIDS, which we call "Intensifying the response: Halting the spread of HIV". Its goal is to make a significant and sustained effort to help our partner countries to achieve the goal of universal access, the target of the sixth Millennium Development Goal.

The key question for Australia is a very simple one. Again, it is very linear: how can we actually help our partners to do better? Drawing on our international experience and information provided by the Joint United Nations Programme on HIV/AIDS (UNAIDS), as well as the report of the Commission on AIDS in Asia, we have concluded that one of the key actions we could support to accelerate the response was to intensify HIV prevention, especially among those vulnerable populations at greater risk. Comprehensive services are vitally important, but as the Secretary-General has made clear, we need also to remove impediments to universal access, those intangible obstacles to prevention, care and treatment that have been created through stigmatizing laws and policies.

Our new HIV/AIDS strategy prioritizes the review and improvement of legal and policy frameworks. This strategy includes support given to the implementation of policies and laws through education and training of law enforcement personnel and service providers. The removal of discrimination against people living with HIV/AIDS and against people at higher risk of infection is absolutely vital, as we know, to effective HIV/AIDS treatment and care.

The Commission on AIDS in Asia has estimated that by 2020, male-to-male sex will become one of the main sources of new HIV/AIDS infections in Asia. Protecting people from discrimination on the basis of their sexual orientation removes their fear of reprisal and the perception they have of a need for secrecy and increases the likelihood of their accessing health services.

Sex work, too, is often criminalized and highly stigmatized in too many societies. That makes sex workers reluctant to access health-care services or to report violence or abuse, which makes it hard, of course, to negotiate safe sex.

Australia is already helping our partner countries to revise policy and legal frameworks through what we call our HIV/AIDS Asia Regional Programme. The programme aims to reduce the spread of HIV/AIDS

associated with drug use and promotes policies, laws and services that enable drug users to protect themselves from HIV/AIDS, as well as to seek treatment and rehabilitation for their drug use. The programme advocates for policies that bring together public security, public health and civil society to reduce the harm related to drug use as well as harassment and discrimination against those who use drugs.

Research in Australia's neighbour, Papua New Guinea, and elsewhere has established that women who have experienced physical and sexual violence have higher rates of HIV infection. And women with HIV/AIDS, of course, often suffer violent reprisals when they tell their partners of their HIV status. Australia is working with Papua New Guinea to roll out what we characterize as a national gender policy on HIV. This policy addresses the gender inequality and violence that renders women and girls, who are much less able to protect themselves than men, more vulnerable to HIV/AIDS infection.

Australia knows from our own domestic experience with HIV/AIDS how critical policies and laws are. The policy of partnership with those communities most affected by HIV/AIDS was absolutely essential to our success in Australia in reversing the epidemic in the 1980s and 1990s. These communities included people with HIV, people who use drugs, men who have sex with men, and sex workers. The key was partnership, working with the Government, health sector personnel and researchers, and that ensured the success of our public health efforts.

Finally, I am pleased to say that Australia will not falter in its contribution to the global HIV/AIDS response. By the time the Millennium Development Goals target comes around in 2015, we will have increased our total development aid to 0.5 per cent of gross national income. This year, we will contribute $A160 million to the international HIV/AIDS response, including core funding for United Nations agencies working on HIV/AIDS and the doubling of our funding to UNAIDS. This contribution is part of a much larger multi-year programme of assistance.

Our aim is obvious. It is to assist countries to meet our common goal of health and development for all, including, especially, the most marginalized and vulnerable members of our societies, those who are pushed into taking unnecessary risks with their health, and often, their lives. This is a commitment Australia will continue to take very seriously. Indeed, we must all continue to do so.

Ms. Bethel (Bahamas): On behalf of the Government of the Bahamas, I have the honour to present this statement on agenda item 41. I reaffirm the steadfast commitment of my Government to the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

I thank the Secretary-General for his report (A/63/812), which outlines developments in the AIDS response and a series of recommendations on key actions necessary to accelerate progress and to renew our commitment to the goal of universal access to HIV prevention, treatment, care and support.

On behalf of my Government, I also extend greetings and best wishes to Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and assure him of the support and cooperation of the Bahamas.

One year ago, we assembled here in a High-level Meeting to assess progress in response to the global HIV epidemic. We took note of some key achievements, such as a 47-per cent increase in 2007 in access to antiretroviral therapy and treatment, as well as an 18-per cent increase in access to services for HIV-infected pregnant women to prevent mother-to-child transmission. We have also seen a decline in HIV prevalence among young pregnant women in several countries in high-prevalence regions. Indeed, the global AIDS response has produced some positive results and has played a major role in ensuring better health care and services for millions of people, particularly in low- to middle-income countries. However, the status of the epidemic remains daunting, with an estimated 33 million people presently living with HIV, half of whom are women, and an estimated five new infections every minute, of which three are among children and young people.

The rate of new infections surpasses the growth of treatment programmes. For the Bahamas, this is profound, as we continue to experience an increase in new infections among young women in the 15-25 age group. The vulnerability of this group is alarming. It tells us that we are falling short of our commitment to HIV prevention, particularly where women and girls are concerned. We must do more to combat gender

inequalities, which increase the vulnerability of women and girls to HIV, and also provide greater access to prevention services. Such efforts are critical to sustaining a long-term response and underscore the need for renewed and sustained financial and political commitment.

It is apparent that efforts to meet our commitments are severely hampered by the current global economic crisis to which many delegations have alluded today. We can all agree that the world's social development agenda is at risk as the current crisis poses a serious challenge to all of us. At this juncture, my delegation applauds the convening yesterday of the Secretary-General's forum on advancing global health in the face of crisis. We commend the efforts of the United Nations to raise awareness of the effects of the current crisis across all spectrums on global health. Too often, we hear of people having to make difficult choices of whether to pay for medication or put food on the table. This is not a choice that one should have to make at the expense of one's health. Meeting global health needs in a coordinated and comprehensive manner is critical to sustainable development.

Small developing countries like the Bahamas are continually faced with challenges posed by the crisis. Recent budget shortfalls and decreased revenues have placed severe constraints on our national development agenda. However, we are making every effort to meet our commitment to the fight against HIV/AIDS and continue to see significant progress in our response to the epidemic, particularly in the area of prevention of mother-to-child transmission.

Recognizing the need to effectively combat discrimination and to eliminate underreporting by men who have sex with men, we have expanded outreach activities to that community, which, historically, has been difficult to reach. In addition, we have undertaken a revision of our policy and programmatic response to address specific national situations, which has resulted in the decentralization of HIV/AIDS comprehensive care and the implementation of a public-health information system to strengthen overall primary care delivery, to monitor the standard of care and to provide information for planning and decision-making.

The Bahamas response is guided by a national AIDS strategic plan for 2007-2015, which was recently updated and adheres closely to the UNAIDS principle of the "three ones". We have been effective in our planning, programming and use of funds, with the assistance of multi-stakeholder partnerships, including Government agencies, community and faith-based organizations, the private sector and national and international organizations, including non-governmental organizations, UNAIDS, the AIDS Foundation, the PanAmerican Health Organization and the Clinton Foundation. On behalf of my Government, I extend sincere thanks and appreciation for the support and assistance of these organizations.

As a further demonstration of its commitment to HIV/AIDS and as noted in its 2008 national report on progress towards the Declaration of Commitment made at the General Assembly's 2001 special session on HIV/AIDS, the Government of the Bahamas spends approximately $2.5 million annually on provisions for HIV and AIDS care through the National HIV/AIDS Centre budgetary allocations. This does not include funds spent through the Department of Public Health or the Public Hospitals Authority, two key departments of the Ministry of Health for the provision of care for persons with HIV and AIDS.

During the 2009-2010 budget debate, which is currently in session in Parliament in the Bahamas, the Government has increased allocations to the Department of Public Health and the Public Hospital Authority, totalling more than $9 million, to diminish any potential negative effects of the crisis on the health care of citizens of the Bahamas.

The Bahamas is also fully engaged in and committed to the 2008-2012 Caribbean Regional Strategic Framework on HIV and AIDS, which is designed to serve as a guide for the development of individual national strategic plans for HIV/AIDS. The current framework is the second of its kind for the Caribbean region and builds on the first, while addressing the weaknesses identified in the evaluation process.

While we have made significant strides in improving the quality of life for persons living with HIV and AIDS, we recognize that persistent gaps remain in terms of human resources, funding and infrastructure development. Monitoring and evaluation must continue to receive priority attention. I am pleased to report that the development of a robust monitoring and evaluation framework within the National HIV/AIDS Centre is under way. We are actively working to strengthen capacity in this area and

are committed to closing the gaps identified in our 2008 national report. In order to do so, we must find innovative financing mechanisms to sustain the expansion and development of HIV and AIDS programmes and to address other development challenges, such as those associated with poverty, food insecurity and climate change.

For the Bahamas, sustainable funding is a key challenge. The strategy for achieving the goals and objectives of our national HIV/AIDS strategic plan will require additional funds. The calls for a sustained increase in funding commitments cannot go unheeded. As the Secretary-General noted in his report, an estimated annual outlay of $25 billion will be needed to achieve national universal targets by 2010. We cannot afford to miss the target, otherwise millions will suffer.

In conclusion, I would like to reiterate the statement made by the Minister of Health of the Bahamas last year: "No country can win the fight against HIV and AIDS alone." (*A/62/PV.104, p. 24*) We must continue to forge ahead with the broad and sustained participation and support of all stakeholders, while remaining ever cognizant of the need to protect the human rights of those living with HIV, as well as those at risk.

Ms. Dunlop (Brazil): My delegation aligns itself with the statement delivered by the representative of Mexico on behalf of the Rio Group.

At the outset, I wish to recall the historic decision adopted in 2001 by the General Assembly, a groundbreaking document because it acknowledged that an effective strategy to combat HIV/AIDS had to rely on prevention, care and treatment. What seems obvious and unquestionable now did not seem so then. We have come a long way. Today, I can reaffirm the commitment of my country to fight the HIV/AIDS epidemic in different ways, including by ensuring universal access to prevention, treatment, care and support for all. That commitment is aimed at responding not only to a public health demand but also to the promotion and protection of the human rights of people living with HIV/AIDS, including women and girls, young people, migrants and members of vulnerable groups.

The fact that many countries have adopted HIV-related restrictions on entry, stay and residence, as we have been informed by the report of the Secretary-General contained in document A/63/812, is of particular concern. Brazil considers that any restriction based solely on HIV status is discriminatory. In particular, the deportation of any person living with HIV based on his or her HIV status should not override humanitarian and human rights considerations.

Also of concern is the persistence of homophobia, gender stereotypes and other forms of discrimination against vulnerable groups. Such discrimination may hinder understanding of the epidemic and undermine risk reduction and accessibility to treatment.

The HIV/AIDS epidemic in Brazil has been stabilized thanks to an integrated and comprehensive response that includes promoting health, preventing new infections and providing comprehensive universal care for people living with AIDS. That response is a joint effort that involves various sectors of the Government, civil society organizations, universities, the private sector, United Nations agencies and bilateral partners.

We are in the middle of a very serious financial and economic crisis that is threatening the hard-won social gains of the past few years. In order to protect the investment made in the fight against HIV/AIDS, we need increased human, material and financial resources. A substantial part of the money spent on fighting the AIDS epidemic is spent on medicines. Each dollar saved in the purchase of medicines is crucial to saving more lives.

Universal access presupposes access to affordable medicines of good quality. To provide access to those medicines, we must reconcile public health needs with intellectual property rights. Brazil underlines the important role of the Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights Agreement and Public Health. We also reaffirm the right of countries to use to the fullest extent the flexibilities related to that Agreement. Brazil also welcomes the adoption of the complete global strategy and plan of action on public health, innovation and intellectual property during the latest World Health Assembly.

Also important for ensuring access to medicines, especially generic medicines, is their unimpeded transit, free of artificial trade-related barriers, on the way to their final destination.

As access to affordable drugs is still a challenge for many developing countries, Brazil recognizes the importance of pursuing new innovative financing mechanisms. We also commend the activities of the International Drug Purchase Facility, which supports countries in purchasing drugs for second-line treatment for HIV infection, tuberculosis and malaria.

Because HIV/AIDS is still the leading infectious disease challenge in public health, it must be addressed in conjunction with efforts to strengthen health systems in the long run. The specific characteristics of the epidemic require that appropriate resources be allocated, as the epidemic's potential to overburden health systems is enormous.

The promotion of condom use, combined with other strategies, is essential in any HIV prevention policy. One of the reasons that Brazil has managed to stabilize the epidemic is the significant increase in the use of male condoms, not only among more vulnerable groups but also among the general population. The increased use of female condoms has added to the safety net and helped women protect themselves from infection. Prevention strategies based on moral values should remain individual choices. Although they are not to be disregarded, they do not by themselves make up a basis for public health policies.

In conclusion, I would like to express our appreciation for the work of the Joint United Nations Programme on HIV/AIDS and its important role in coordinating United Nations efforts to strengthen national responses to fight the epidemic.

The meeting rose at 1.10 p.m.